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001444 7590 05/19/2004

**BROWDY AND NEIMARK, P.L.L.C.**  
**624 NINTH STREET, NW**  
**SUITE 300**  
**WASHINGTON, DC 20001-5303**



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/978,272	10/17/2001	Michael Rud Lassen	LASSEN=2A	4444

TITLE OF INVENTION: ASSAY FOR DIRECTLY DETECTING A RS VIRUS RELATED BIOLOGICAL CELL IN A BODY FLUID SAMPLE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MOSHER, MARY--	1648	435-005000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Iver P. Cooper

2

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Besst-Test APS

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rungsted Kyst, Denmark

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4035 (enclose an extra copy of this form).

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(Date)

7/26/04

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07/28/2004 MHEKONE1 00000069 09978272

01 FC:2501

665.00 OP

02 FC:1504

300.00 OP

03 FC:8001

30.00 OP

TRANSMIT THIS FORM WITH FEE(S)